



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MOP - 175059

PRELIMINARY RECITALS

Pursuant to a petition filed on June 16, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Crawford County Department of Human Services regarding Medical Assistance (MA), a hearing was held on July 26, 2016, by telephone.

The issue for determination is whether the agency erred in its determination of petitioner's liability for an overpayment of medical assistance in the amount of \$10,741.06.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: [REDACTED]
Crawford County Department of Human Services
225 N Beaumont Rd., Suite 326
Prairie Du Chien, WI 53821

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Crawford County.
2. Petitioner was enrolled in BC+. On 2/19/14 petitioner was issued notice informing her of her obligation to report income exceeding \$972.50.

3. Client became employed at [REDACTED] [REDACTED] in October 2014 and did not report the employment or any increase in income. Petitioner underwent numerous reviews through April 2016 and never reported this employment or income.
4. Petitioner's income exceeded the eligibility threshold for BC+ in every month from October 2014 through April 2016. Petitioner would not have been eligible for BC+ in any of those months if the income had been reported.
5. On 5/27/16 the agency issued a MA overpayment notice informing petitioner of her liability for an overpayment in the amount of \$10,741.06 from 12/1/14 to 4/30/16.
6. Petitioner filed a request for hearing on June 20, 2016.

DISCUSSION

The agency presented a well-documented and detailed case including employer verification of gross wages from [REDACTED] as well as the capitation payment demonstrating the calculation of the overpayment. Petitioner did not appear. Instead, she sent her mother as her authorized representative. Petitioner's mother offered no cogent or persuasive rebuttal and only stated that her daughter would not do anything to risk losing her BC+. While not what petitioner's mother likely intended, this obviously could be interpreted as an explanation for why petitioner would not have wished to report her income. Regardless, petitioner's mother offered nothing relevant or persuasive that could demonstrate any error in the agency's determination of liability for this overpayment.

CONCLUSIONS OF LAW

The agency correctly determined that petitioner is liable for an overpayment of BC+ in the amount of \$10,741.06 from 12/1/14 to 4/30/16.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

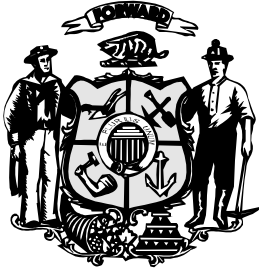
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of

Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 1st day of September, 2016

\s_____
John P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on September 1, 2016.

Crawford County Department of Human Services
Public Assistance Collection Unit
Division of Health Care Access and Accountability